



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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| Total Number of Pages in This Submission | Attorney Docket Number | 019941-000620US |
|--|------------------------|-----------------|

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Remarks </div> <div style="flex: 2;"> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. </div> </div> | | |

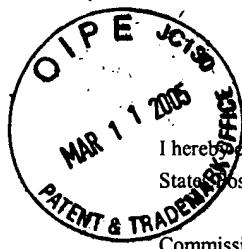
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Joseph R. Snyder | | |
| Date | March 8, 2005 | Reg. No. | 39,381 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature |  | | |
| Typed or printed name | Judith Cotham | Date | March 8, 2005 |



ITR

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PATENT

Attorney Docket No.: 019941-000620US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On

3/8/05

TOWNSEND and TOWNSEND and CREW LLP

By:

Judie Cott

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Atushi Kajiyama

Application No.: 10/667,077

Filed: September 18, 2003

For: QUICK DISINTEGRATING
TABLET IN BUCCAL CAVITY AND
MANUFACTURING METHOD
THEREOF

Customer No.: 20350

Confirmation No. 6847

Examiner: SHEIKH HUMERA N

Technology Center/Art Unit: 1615

SUPPLEMENTAL PRELIMINARY
AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.